

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016976

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318 652406 SL 25956

1003

4648

STATE FILE NUMBER

DO NOT WRITE
ON THIS SUBST

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAY 10 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. STATE MISSOURI b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS		c. CITY OR TOWN <i>St. Louis</i> Normandy	
Length of stay in lb 95 DAYS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS ADM HOSPITAL		d. STREET ADDRESS (If outside, give location) 1940 NATURAL BRIDGE	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last HENRY A. KRECHEL			4. DATE OF DEATH Month Day Year 5/4/62		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 8/30/98	9. AGE (last birthday) 63	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONSTRUCTION		10b. KIND OF BUSINESS OR INDUSTRY Orphan Home		11. BIRTHPLACE (City and state or country) ST LOUIS, MO.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME HENRY KRECHEL		13b. MOTHER'S MAIDEN NAME Emma YACKEL	
14. NAME OF HUSBAND OR WIFE NONE Frances Desmond		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES WWI		16. SOCIAL SECURITY NO.	
17. INFORMANT JOSEPH KRECHEL (SON)		Address HOUSE SPRINGS, MO.			

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL THROMBOSIS		INTERVAL BETWEEN ONSET AND DEATH 3 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis		Unknown
DUE TO (c) Generalized Arteriosclerosis		Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bilateral Bronchopneumonia		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. attended the deceased from 1/30/62 to 5/4/62 and last saw him alive on 5/4/62	Death occurred at 6:40 AM on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>Richard A. Davis</i> (Degree or title) MD	22b. ADDRESS VAH, ST LOUIS, MO.	22c. DATE SIGNED 5/4/62
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5/8/62	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo.
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24. FUNERAL DIRECTOR <i>Robert Kelly</i>	ADDRESS 7267 Natural Bridge	25. DATE RECD. BY LOCAL REG. MAY 7 1962	26. REGISTRAR'S SIGNATURE <i>Earl Smith MD</i>
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USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.